HCM/RCM screening within health programme

NOTE! The pedigree needs to be registered in PawPeds' database before health testing.
Visit https://www.pawpeds.com/healthprogrammes/ for more information

Patient Information

Cat's registered name: DGC HalonaCoons Trav
Registration number: SBV 071025 005
ID number, microchip or tattoo:
Breed of cat: Maine Coon
☒ Male ☒ Not altered
☐ Female ☐ Altered
Born (year-month-day): 2025-07-10
Sire: RW SGC Ranchcats Tubbs Jr of HalonaCoons
Dam: HalonaCoons SILVER BELLE

Owner's name: James Simmons / Katherine Simmons
Address: 3665 River Rd
Post code/City/State: 44081/Perry, OH
Country: United States
Phone (including country code): 1+(907) 750-9225
Email: halonacoons@gmail.com

I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form.
Signature **Date** 5-15-26

Examination

Examination date (year-month-day): 2026-05-15
Sedated: ☐ Yes, with: ☒ No
Examination equipment:
On medication: ☐ Yes, with: ☒ No

Weight ____ kg BCS ____
Heart rate ____ bpm
☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

ECG Heart Frequency 169

IVSd	0.482	☒ cm ☐ mm	☐ M-mode ☐ 2-D
LVIDd	1.87		☐ M-mode ☐ 2-D
LVFWd	0.482		☐ M-mode ☐ 2-D
IVSs	0.737		☐ M-mode ☐ 2-D
LVIDs	0.921		☐ M-mode ☐ 2-D
LVFWs	0.921		☐ M-mode ☐ 2-D
SF/EF	45/84		
Ao	1.04		☐ M-mode ☐ 2-D
LA	1.37		☐ M-mode ☐ 2-D
LA/Ao	1.32		

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no
If yes, LV outflow tract flow velocity (Doppler) ____
End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments:

PawPeds' examination instructions has been followed
Cat's identity verified ☐ yes ☐ no, describe why not

Veterinary's signature **Date** 5-15-26

Veterinarian's name, clinic's name and address
R HAMLIN

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden